



**State of Rhode Island and Providence Plantations  
Department of Health**

Cannon Building  
3 Capitol Hill  
Providence, RI 02908-5097

**Instructions and Application For  
*RENEWAL* of:**

**Emergency Medical Technician  
And  
Extended Role Skills**

**(401) 222-2401**

# INSTRUCTIONS FOR COMPLETING THE RENEWAL APPLICATION

**THE FEE FOR THIS RENEWAL IS \$62.50 for the EMT License Application  
and \$62.50 for EMT State License Examination, If applicable.**

1. Please use a **ball-point type pen** when completing these forms.
2. Please answer all questions. **Incomplete questions or incomplete applications will not be processed** and your license/permit will not be renewed (Please mark **N/A** on questions that are "Not Applicable").
3. **Do NOT** detach any full pages from this booklet.
4. Make cashier's check, or money order, payable to: **General Treasurer,  
State of Rhode Island.**
5. **Sign the application** and return it with the required fee(s) of **\$62.50** for EMT License Renewal Application and **\$62.50** for EMT State License Examination, if applicable.

**Mail to:**

*Rhode Island Department of Health  
3 Capitol Hill, Room 105  
Providence, RI 02908-5087*

**Please note: Extra postage will be required.**

**Do NOT hand-deliver this application to the Department of Health**

**IMPORTANT: Instructions and Requirements for the EMT  
License Renewal and Information concerning Extended Role  
Skills of Manual Defibrillation and Oral Endotracheal  
Intubation continues on the next 2 pages**



**Instructions/Requirements for EMT License Renewal  
and  
Extended Role Skills of Manual Defibrillation and Oral Endotracheal Intubation**

The Rules and Regulations Relating to Emergency Medical Services (R23-4.1-EMS) effective July 1, 1990 establish the following requirements for EMT license renewal. Applicants for EMT-Basic (EMT-B) or EMT-Intermediate (EMT-I) license renewal are required to successfully complete a Department of Health approved Refresher Training Program conducted under the supervision of a Rhode Island licensed EMS Instructor-Coordinator. Applicants for EMT-Cardiac (EMT-C) licensure renewal are required to complete this training plus an EMT-C Module 7 program conducted under the supervision of a R.I. licensed EMS Instructor-Coordinator. The EMT Refresher Training Program shall be completed prior to the expiration of the applicant's current license. Applicants for EMT-Paramedic (EMT-P) license renewal are required to maintain current registration with the National Registry of EMTs. **This registration must have an expiration date greater than the current EMT-Paramedic license.**

EMTs should be enrolled in a Department approved EMT Refresher Training Program specific to their intended level of licensure renewal that will finish prior to licensure deadlines. Successful completion of the specific level of EMT refresher program and current course completion of a Department approved Healthcare Provider level CPR will satisfy the training requirements for EMT license renewal. Failure to complete refresher training courses within the licensure deadlines may result in licenses lapsing before EMT licensure renewals can be processed.

To renew the extended role skills of manual Defibrillation and Oral Endotracheal Intubation requires the successful completion of state authorized practical examinations. Extended role skills examinations are for recertification candidates only. There are no fees for the renewal of extended role skills.

Pursuant to Section 23-4.1-10, the Department of Health established the following fee schedule specific to EMT Licenses and Examinations.

<u>License</u>	<u>Fee</u>
EMT license application fee	\$ 62.50
A) EMT examination	\$ 62.50
B) Re-examination (as needed)	\$ 43.75

Per Section 23-4.1-10, the following categories of R. I. Licensed EMS providers are exempt from these fees:

- city or town services, vehicles and their employees
- volunteer or not-for-profit organization services, vehicles and individuals providing services therein
- fire district service, vehicles and individuals providing services therein

An application fee, if applicable, of sixty-two dollars and fifty cents (\$ 62.50) made payable by cashier's check or money order, to the General Treasurer, State of Rhode Island, must accompany the EMT license

application. In addition, for those applicants required to successfully complete a state EMT license examination, an examination fee, if applicable, of sixty-two dollars and fifty cents (\$ 62.50) made payable by cashier's check or money order, to the General Treasurer, State of Rhode Island must accompany the EMT license application. (Note: these fees are non-refundable.)

**To renew the license, the applicant must:**

1. In the designated section of the application booklet:
  - a. Indicate successful completion of a Department approved refresher training program completed prior to the expiration date of the applicant's current license and provide the course approval number. This information is available from the licensed Instructor-Coordinator responsible for the training program.
  - b. Indicate current completion of a Healthcare Provider or equivalent level CPR course as conducted by the American Heart Association, American Red Cross or National Safety Council.
  - c. Indicate (if applicable) current registration with the National Registry of Emergency Medical Technicians. Provide expiration date and registration number.
  - d. If affiliated with a RI EMS Department/Service, obtain the signature of the department/service chief.

Licensure is an individual responsibility and not the responsibility of the employer or supervisor. EMTs who fail to file a complete licensure application with the Division of Emergency Medical Services by their license expiration date should consider their EMT license lapsed. Continued practice as an EMT would be in violation of the Rules and Regulations Relating to Emergency Medical Services.

The Department will conduct an audit of EMT license applications for compliance with the above stated EMT license renewal requirements. **Such audits, as randomly selected, shall require the EMT applicant to file proof of completion of the above training requirements for EMT license renewal.** False/incorrect statements or documents may be considered sufficient cause to deny or revoke a license as an EMT in Rhode Island and may result in additional penalties as determined by law.

Should you have any questions regarding the EMT license renewal requirements or the completion of the application form, contact the Division of Emergency Medical Services at **(401) 222-2401**.

**For this application, select the EMT License Renewal Level and  
Extended Role Skills, if applicable**

☐ EMT - Basic (B)

Extended Role Skills:

☐ EMT - Intermediate (I)

☐ Oral Endotracheal Intubation

☐ EMT - Cardiac (C)

☐ Manual Defibrillation

☐ EMT - Paramedic (P)



# State of Rhode Island and Providence Plantations

## Department of Health

### Renewal Application for Emergency Medical Technician/ Extended Role Skills

Please complete the following:

#### 1. Name(s)

This is the name that will be printed on your license and reported to those that inquire about your license. Do not use nicknames, etc.

Title (i.e., Mr., Mrs., Ms., etc.)

First Name

Middle Name

Surname, (Last Name)

Suffix (i.e., Jr., Sr., II, III)

Maiden, if applicable

Name(s) under which originally licensed in another state, if different from above (First, Middle, Last).

#### 2. Social Security Number

- Mandatory Information -

U.S. Social Security Number

#### 3. Gender

☐

Male

☐

Female

#### 4. Date and Place of Birth

Month

Day

Year

City and State, OR Province and Country, etc., if NOT U.S.

#### 5. Home Address, Telephone & Email Information

It is your responsibility to keep the Department apprised of all address and phone number changes (U.S or Canadian telephone numbers only).

1st Line Address (Apartment/Suite/Room Number, etc.)

Second Line Address (Number and Street)

City

Country, if NOT U.S.

Home Phone

Email Address (Format for email address is Username@domain e.g. applicant@isp.com)

#### 6. Rhode Island EMS Department/ Service Affiliation Information

If you have no Affiliation, Please mark this Question as NA

Rhode Island EMS Department/Service Affiliation

1st Line Address (Department/Suite/Room Number, etc.)

Second Line Address (Number and Street)

City

Country, if NOT U.S.

Business Phone

Extension

Business Fax



# State of Rhode Island and Providence Plantations Department of Health

## Renewal Application for Emergency Medical Technician/ Extended Role Skills

Please complete the following:

### 7. Preferred Mailing Address

Please check ONE

- ☐ Please use my **Home Address** as my preferred mailing address
- ☐ Please use my **RI EMS Department/Service Affiliation** as my preferred mailing address

### 8. Qualifying Education

#### NOTE:

EMT License Renewal Applicants are **NOT** required to answer this question. Please **SKIP** to Question #9

N A	
Type of School (University, College, Trade/Technical School etc.)	
Name of School	
Date Enrolled:	Date Graduated:
Month Day Year	Month Day Year
Degree Received (Bachelor of Arts, Master of Science, Diploma, etc.)	
Major	
Specialty/Type	Credit Hours

### 9. Other State License(s)

Please answer the question and list state(s), if applicable

A Have you ever held, or do you currently hold, a license in another state? ☐ Yes ☐ No

If the answer to this question is "yes", please list the state abbreviation(s) below:

Other State	Other State	Other State	Other State	Other State	Other State	Other State	Other State

### 10. Disciplinary Questions

Check either Yes or No for each question.

NOTE: If you answer "Yes" to any question, you are required to furnish complete details, including date, place, reason and disposition of the matter.

Please use the "Additional Information Page" in this booklet to explain your answer(s).

- A Have you ever been convicted of a violation of, or pled Nolo Contendere to any Federal, State or local statute, regulation or ordinance, or entered into a plea bargain related to a felony (including convictions for driving under the influence), or related to the manufacture, distribution, possession, prescribing, administering or dispensing of drugs presently defined as controlled substances under (Chapter 21-28) of the General Laws of Rhode Island? ☐ Yes ☐ No
- B Have you ever had any disciplinary action(s) taken, or is any pending, against your: LICENSE TO PRACTICE, DEA PERMIT, STATE CONTROLLED SUBSTANCES REGISTRATION, MEDICARE PRIVILEGE, MEDICAID PRIVILEGE, OR ARE ANY COMPLAINTS PENDING in the State of Rhode Island or any other state? ☐ Yes ☐ No
- C Have you ever had a membership in a professional society revoked, suspended, or limited in any manner or have you voluntarily withdrawn while under investigation? ☐ Yes ☐ No
- D Has an EMS Department/Service, for any reason, ever suspended, restricted, or placed on probation your EMS privilege to practice? ☐ Yes ☐ No
- E Have you had any malpractice suits brought against you in the past ten years in which an award/settlement of at least \$30,000.00 has been rendered against you? ☐ Yes ☐ No

Note: If you answered "yes" to any of these questions, you must complete the "Additional Information Page"

If you answered "Yes" to any of the Questions in #10, you **must** complete the Additional Information Page. If you answered "No" to **All** of Question #10, then proceed to the EMT License Renewal/Extended Role Skill Checklist Page.





[illegible]



**Please Block Print Only. - Do Not Use Felt-Tip Pens. - Complete Checklist Information Below:**

Printed name of Chief

State of Rhode Island and Providence Plantations  
Department of Health



Renewal Application for EMT/Extended Role Skills

Signature Page - Please Read the Affidavit, Sign and Date Your Application Below

**11. Affidavit of  
Applicant**

Complete and sign  
this section. Make  
sure that you have  
completed all  
components  
accurately and  
completely.

**AFFIDAVIT AND SIGNATURE PAGE**

**This Application Must be Signed**

I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my License in the State of Rhode Island.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Department of Health of any change in the answers to these questions after this application and this affidavit is signed.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Signature (MM/DD/YY)

***You have completed the information required for the renewal of  
your EMT License, You can proceed to the Voluntary  
Information page, if so desired, or proceed directly to the  
"Application Review List" and submit your completed  
application for processing.***



**Voluntary Information Page****VOLUNTARY RACE/ETHNICITY QUESTIONS\***

**\*This information is being collected in accordance with the Department of Health's Policy for Maintaining, Collecting and Presenting Data on Race and Ethnicity. The mission of the Department is to protect and promote the health of the population and to prevent disease through life-style change, environmental change, and health services delivery. A copy of this policy is available upon request.**

**Please review the following before submitting your**

**Renewal Application:**

**APPLICATION REVIEW LIST**

1. I have read and understood the "Instructions for Completing the Renewal Application."
2. I have answered all questions and **signed** the renewal application, as required.
3. I have enclosed a **cashier's check** or **money order** made payable (in U.S. funds only) to the **General Treasurer, State of Rhode Island**. The fee for this renewal is **\$62.50** for EMT License Renewal Application and **\$62.50** for EMT State License Examination, if applicable; and the cashier's check or money order is attached to the upper left-hand corner of the cover of the application.

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**FOR DEPARTMENT OF HEALTH USE ONLY**

**DIVISION OF EMERGENCY MEDICAL SERVICES**

**APPROVED/DENIED BY** \_\_\_\_\_

**DATE APPROVED/DENIED** \_\_\_\_\_

**EXPIRATION DATE** \_\_\_\_\_

**COMMENTS** \_\_\_\_\_

\_\_\_\_\_

**State of Rhode Island and Providence Plantations**



**DEPARTMENT OF HEALTH**

Office of the Director

Cannon Building

3 Capitol Hill

Providence, RI 02908-5097

## **Mandatory Addendum to License Application**

Verification of Social Security Number/Federal Employer Identification  
Number and affidavit concerning taxpayer status

Pursuant to Chapter 75 of Title 5 of the Rhode Island General Laws, as amended, any person applying for or renewing any license, permit, or other authority to conduct a business or occupation within Rhode Island must have filed all required state tax returns and paid all taxes due the state or must have entered into a written installment agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator.

I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have either paid all taxes due the state or have entered into a written installment agreement with the Rhode Island Division of Taxation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number (SSN) or Federal  
Employer Identification Number (FEIN)

Furnishing the SSN and/or FEIN is mandatory. The SSN and/or FEIN will be transmitted to the Rhode Island Division of Taxation pursuant to Chapter 75 of Title 5 of the Rhode Island General Laws, as amended.

**This form MUST be completed, signed and attached to your license application in order for us to process your application.**